



Atlantic
VETERINARY HOSPITAL

Surgical Procedure () _____

Other () _____

*Pre-anesthetic blood work is recommended for all pets undergoing general anesthesia. It is **required** for all pets age 7 years and older.

Admitting Nurse _____

Section III: Anesthesia/Sedation/Procedure Release

I understand that during the performance of the above checked procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures different than those set forth above. I understand an attempt will be made to reach me by telephone for permission prior to any additional procedures or services, unless an emergency situation with my pet prevents it. In case of emergency, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment to treat and maintain my pet's health. If I cannot be reached, additional *non-emergency* procedures will not be performed unless I have given prior permission.

I have been advised of the nature of the services and procedures checked above, as well as the risks involved, including death. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed. I have reviewed and agree to the cost estimate and I understand the cost estimate may not be a complete representation of the final bill if additional procedures are performed.

In case of emergency and in the event I cannot be contacted in time, I authorize Laura Monahan, DVM, and/or her agents to perform any additional diagnostic, therapeutic, or surgical procedures necessary for treating and maintaining my pet's health and comfort. I expect Dr. Monahan and/or her agents to use reasonable precautions to ensure my pet's safety, and I agree to pay in full for all services provided when my pet is discharged.

Signature of Owner/Agent _____

Print name _____

If I am unreachable, please try this person _____
at this phone number: _____, who I authorize to make emergency
decisions for my pet in my behalf during my pet's current hospitalization.